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Bib Data Sheet

CONFIRMATION NO. 7883

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/579,426 | <b>FILING OR 371(c)<br/>DATE</b><br>05/12/2006<br><b>RULE</b> | <b>CLASS</b><br>381 | <b>GROUP ART UNIT</b><br>2614 | <b>ATTORNEY<br/>DOCKET NO.</b><br>VM002 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Richard A. Rafferty, Summit, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US2004/037733 11/12/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 01/05/2007**

|   |   |                                   |                                |                               |                                    |
|---|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>NJ | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>21 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____<br>Initials _____  |                                   |                                |                               |                                    |

**ADDRESS**

54698

**TITLE**

HEARING AID THAT FACILITATES REMOVAL OF EARWAX AND TRAPPING OF MOISTURE

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>490 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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